

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Meeting the Behavioral Health Needs of Military Families

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SAMHSA – Improving Lives

From Prevention to Recovery – Provide opportunity and support for:

- Health
- Home
- Purpose
- Community

SAMHSA – Creating Change

- **Mission**
 - To reduce the impact of substance abuse and mental illness on America's communities
- **Roles**
 - Leadership and Voice
 - Funding - Service Capacity Development
 - Information/Communications
 - Regulation and Standard setting
 - Practice Improvement
- **Leading Change**
 - 8 Strategic Initiatives

SAMHSA Strategic Initiatives

- Prevention
- Trauma and Justice
- ***Military Families***
- Health Reform
- Recovery Supports
- Health Information Technology
- Data, Outcomes, & Quality
- Public Awareness & Support

Snapshot: Military Families

- **Over 90,000 Reservists and National Guardsmen are activated**
- **Since 9/11 more than 2 million service members have deployed**
- **Service members back from deployment:**
 - Approximately 18.5 percent with PTSD or depression
 - Approximately 19.5 percent with traumatic brain injury
- **Approximately 50 percent of returning service members who need treatment for mental health conditions seek it - slightly more than half receive adequate care**
- **2004 through 2006**
 - 7.1 percent of U.S. veterans met criteria for SUD vs. 9.2 percent of general population in 2006 (12 or older)

Snapshot: Military Families

- **2005 – 2009: More than 1,100 members of the Armed Forces took their own lives; an average of 1 suicide every 36 hours**
- **2010 Army suicide rate among active-duty soldiers decreases slightly**
 - 2009 = 162; 2010 = 156
- **Number of suicides in the Guard and Reserve increases by 55%**
 - 2009 = 80; 2010 = 145
- **More than half of the National Guard members who died by suicide in 2010 had not deployed**
- **Suicide among veterans accounts for as many as 1 in 5 suicides in the U.S.**

Snapshot: Military Families

- **M/SUDs caused more hospitalizations among U.S. troops in 2009 than any other cause**
- **In 2009, on any given night, approximately 107,000 veterans were homeless**
- **Cumulative lengths of deployments associated with:**
 - Increase in emotional difficulties among military children
 - Increase in mental health diagnoses among U.S. Army wives
- **Children of deployed military personnel: increase in school, family, and peer-related emotional difficulties compared with national samples**

Meeting the Needs of Military Families

- **Active Duty, National Guard, Reserve, and Veteran Military Families endure on-going strain:**
 - Frequent Deployments
 - Separation
 - Exposure to Combat
 - Military Sexual Trauma
 - Unmet Health and Behavioral Health Needs
- **Community providers not equipped / trained to meet needs**

Meeting the Needs of Military Families

- **Gaps exist in available care**
- **Need for increased coordination between military and civilian health and behavioral health systems**
- **SAMHSA working with DoD, VA, States, Territories, Tribes, and communities to:**
 - Decrease barriers
 - Increase military families' access to culturally competent, trauma-informed services regardless of where they choose to seek care

Strengthening Our Military Families: Meeting America's Commitment

January 24, 2011 - President Barack Obama, First Lady Michelle Obama, and Dr. Jill Biden release report

- 16 Cabinet members committed their departments/agencies to making military families one of their highest priorities
- Federal agencies responded with approximately 50 commitments to supporting military families



Strengthening Our Military Families: Meeting America's Commitment

- **Prepared by an Interagency Policy Committee (IPC)**
 - SAMHSA and ACF were primary reps for HHS
- **Four strategic priorities address primary challenges:**
 - Enhance the well-being and psychological health of the military family
 - Ensure excellence in military children's education and their development
 - Develop career and educational opportunities for military spouses
 - Increase child care availability and quality for the Armed Forces

President's Report – Innovative New Partnerships

- **Policy workshops for States – leveraging resources of the MHBG and SAPTBG**
- **DoD and HHS joining forces to improve community mental health services and prevent suicides**
 - VA's National Suicide Call Center expanding – Over 300,000 calls with over 11,000 lives saved
- **HHS, VA, HUD, DOL and across government – joining forces in fight to end homelessness among veterans**

President's Report – Innovative New Partnerships

- **HHS (through HRSA) innovative approaches to improve capacity of hospitals in rural areas to deliver MH services**
- **HHS, DoD, and VA working with professional associations and academic institutions – military culture included in core curricula and published standards**
- **HHS and DoD working with media and entertainment industry - reduce misleading/ inaccurate depictions of BH conditions and of people who seek care**
- **DOJ and HHS will partner to further develop the Veterans Treatment Court concept**

President's Report Reflected in SAMHSA Strategic Initiative #3 – Military Families

- **Improve access of military families to community-based BH care**
- **Help providers respond to needs within military family culture**
- **Promote BH of military families with programs and evidence-based practices**
 - Support resilience and emotional health
 - Prevent suicide
- **Develop effective and seamless BH service system for military families**

SAMHSA's Principles

- **People**
 - *Stay focused on the goal*
 - *Military Family culture*
- **Partnership**
 - *Cannot do it alone*
 - *Federal, State, Territorial, Tribal Leadership; Equipped Providers and Engaged Communities*
- **Performance**
 - *Make a measurable difference*
 - *Outcomes defined by health and wellbeing of military families*

